

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581 115

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		2	1			
4	1		1			
5		1	1			
6		1	1			
7	2		1			
8	1		1			
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TOTAL IND.	2		2			
TOTAL DEP.	8	←	6	←		
TOTAL CLAIMS	10	[REDACTED]	8	[REDACTED]		

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.				↓		
TOTAL DEP.		←		←		
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]